

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 4449

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

SCHALK 49

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

PICTURED CLIFFS

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

SEC. 23, T-30N, R-1

12. COUNTY OR PARISH 13. STATE

RIO ARRIBA NEW MEXICO

SUNDRY NOTICES AND REPORTS ON WELLS
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

LONE STAR INDUSTRIES, INC. c/o JOHN E. SCHALK

3. ADDRESS OF OPERATOR

P. O. Box 2078, FARMINGTON, N. M.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

850' FROM THE SOUTH LINE, 1765' FROM THE EAST LINE.
SECTION 23, TOWNSHIP 30 NORTH, RANGE 4 WEST

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7310 *GR

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) CHANGE OPERATOR NAME

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

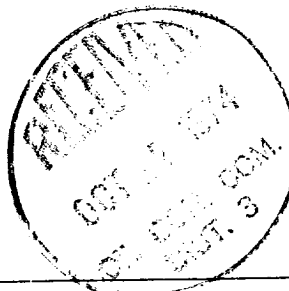
ABANDONMENT*

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

NO. 2 CHANGE DESIGNATION OF OPERATOR:

FROM: Lone Star Industries, Inc.
c/o John E. Schalk
P. O. Box 2078
Farmington, New Mexico 87401

TO: Coastline Petroleum Company, Inc.
c/o John E. Schalk
P. O. Box 2078
Farmington, New Mexico 87401



18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE

DATE October 2,

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: